

MHDS BI Workgroup  
9-27-2011  
Services Group

- PREVENTION  
Improving public awareness (ways to prevent brain injury in the areas of gun control, reducing blood alcohol limits, primary offense for lack of seatbelts, mandating helmets for bicyclists, motorcyclists, ATV's and contact sports)
- EMERGENCY SERVICES  
Increased understanding of brain injury for primary and specialized healthcare providers.
- ACUTE MEDICAL SERVICES  
Increased understanding of brain injury for primary and specialized healthcare providers
- ACUTE REHABILITATION SERVICES
- POST ACUTE REHABILITATION SERVICES
  - INPATIENT
  - RESIDENTIAL
  - COMMUNITY BASED – support options for caregivers, opportunities for employment, Increased understanding of brain injury for primary and specialized healthcare providers
  - COGNITIVE REHABILITATION
  - SPECIALTY NEUROBEHAVIORAL
  - SPECIALTY MEDICALLY COMPLEX
  - NEUROPSYCHOLOGICAL ASSESSMENT
  - PSYCHOLOGICAL/PSYCHIATRIC/CO-OCCURRING DISORDERS TREATMENT- Increased understanding of brain injury for primary and specialized healthcare providers
  - OUTPATIENT PT/OT/SLP ASSESSMENT AND THERAPY- Increased understanding of brain injury for primary and specialized healthcare providers
  - MEDICAL MANAGEMENT - Increased understanding of brain injury for primary and specialized healthcare providers
  - CASE MANAGEMENT
    - MEDICAL CASE MANAGEMENT quality training
    - GENERAL CASE MANAGEMENT
  - LIFE CARE PLANNING
  - NEURORESOURCE FACILITATION
  - VOCATIONAL SERVICES specialized training for staff who are providing training to individuals with BI.

Development of systematic screenings, evaluations, treatment and release planning for offenders with BI within DOC. (p.18 of MN BI Statewide Action Plan)

Develop a set of core services so providers can be trained and developed to provide services.

Support Groups

Screening to identify people with a mental health diagnosis and garner attention for necessary screens, impact on treatment.

Specialty teams provide outreach/awareness regarding brain injury to those they work with and serve.

Assistive Technology

Efficient funding

Create a system that provides consistent information and outreach system (linkage maybe)

Educational resources

Support Groups available in all regions – accessibility for families and BI survivors.

Peer specialists to provide mental health supports.

Educate school personnel, mental health professionals on BI.

Create services in Iowa to persons placed in Out-of-State Facilities and to keep potential out of state placements in Iowa.

One stop shop services to include services dealing with behaviors, mental health, substance abuse, etc. It's not just a brain injury.

Assessing the placements of current BI survivors....looking at inappropriate acute care placements of person with complex needs. Who is stuck in acute hospital beds for longer periods of time because another alternative is not available? Has that been a problem here in Iowa?

Specialized Assisted Living for persons with brain injuries. Limitations of these services in rural areas, across the state?

Improve care coordination for BI survivors

In Maine Case Management doesn't exist. It does in Iowa but it is not necessarily required by agencies to provide and many have limited knowledge of services and/or working with individuals and families living with brain injury. They would also need training in the care coordination of substance abuse, mental health and any other needs developed as a secondary disability due to the brain injury.

Proper development of transition planning and discharge planning.

Outpatient Neurorehabilitation Services

Instead of narrowing the focus, these services need to be increased and involve specialized substance abuse and psychiatric services within the teams. Will help to create a less fragmented, more coordinated system of care for people.

Family Support –

The injury creates a disruption emotionally and often economically for families. Creates a need for support, guidance and targeted services during transition periods.

“Delivering direct services require an infrastructure in place to coordinate program policies, assuring program quality and effectiveness. This formal system infrastructure includes public

awareness, prevention and advocacy; outreach and identification; a trained workforce and employers; and statewide planning and policy coordination.” Chapter 3: Plan of Action from the 10 Year TBI Alaska State Plan, pg. 28

#### Long Term Care and On Going Support

Services needed to support individuals to live or work in the community; peer support financial management, counseling, therapies, crisis interventions, behavioral health, family education, respite, in-home supports, personal care, transportation, supported housing, day program, residential and long term care.

Beginning on p. 28 and through page 67 gives the entire Plan of Action.

#### IACP Brain Injury Survey Results and Analysis -

Services not offered but believed to be beneficial (Highest need to lowest need)

- Neuropsychology
- Behavioral programming
- Adult Day Care
- Family Counseling and Training
- Transportation
- Supported Employment
- PT, OT, SP
- Pre-vocational Services
- Respite
- PERS
- SCL
- CDAC
- Case Management
- IMMT (Interim Medical Monitoring and Treatment)

#### Other needs

Training for direct support professionals. – BI Waiver training just to provide BI Waiver services is not enough.....specialized team of people in regions to support these needs?  
Crisis intervention

#### Most needed but unavailable services in Iowa were:

- Neuropsychology
- Family counseling
- Behavioral programming
- Adult day services
- Transportation.

#### Georgia's Neurobehavioral Crisis:

Training and awareness –

Collaborate with colleges, universities, and vocational school to incorporate education and training on brain injury in their curricula



Develop core competencies for direct support staff

Develop and create a mechanism to provide training for families and caregivers

Develop and maintain a centralized database of direct support staff, providers, paraprofessionals, educators, and other professionals who have expertise in behavior associated with brain injury.